

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

Application or Docket Number

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY  
TYPE ☐

OR

OTHER THAN  
SMALL ENTITY

|                                  |                 |              |
|----------------------------------|-----------------|--------------|
| FOR                              | NUMBER FILED    | NUMBER EXTRA |
| BASIC FEE                        |                 |              |
| TOTAL CLAIMS                     | 17 minus 20 = * |              |
| INDEPENDENT CLAIMS               | 2 minus 3 = *   |              |
| MULTIPLE DEPENDENT CLAIM PRESENT |                 |              |

|        |        |
|--------|--------|
| RATE   | FEE    |
|        | 380.00 |
| X\$ 9= |        |
| X39=   |        |
| +130=  |        |
| TOTAL  |        |

|        |        |
|--------|--------|
| RATE   | FEE    |
|        | 760.00 |
| X\$18= |        |
| X78=   |        |
| +260=  |        |
| TOTAL  | 960    |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

|             |  |                                  |    |                                    |               |
|-------------|--|----------------------------------|----|------------------------------------|---------------|
| AMENDMENT A |  | CLAIMS REMAINING AFTER AMENDMENT |    | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total  | *                                | 14 | Minus                              | ** 20 =       |
|             | Independent                                    | *                                | 2  | Minus                              | *** 3 =       |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |    |                                    |               |

|                  |                |
|------------------|----------------|
| RATE             | ADDITIONAL FEE |
| X\$ 9=           |                |
| X39=             |                |
| +130=            |                |
| TOTAL ADDIT. FEE |                |

|                  |                |
|------------------|----------------|
| RATE             | ADDITIONAL FEE |
| X\$18=           |                |
| X78=             |                |
| +260=            |                |
| TOTAL ADDIT. FEE |                |

|             |  |                                  |    |                                    |               |
|-------------|--|----------------------------------|----|------------------------------------|---------------|
| AMENDMENT B |  | CLAIMS REMAINING AFTER AMENDMENT |    | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total  | *                                | 13 | Minus                              | ** =          |
|             | Independent                                    | *                                | 2  | Minus                              | *** =         |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |    |                                    |               |

|                  |                |
|------------------|----------------|
| RATE             | ADDITIONAL FEE |
| X\$ 9=           |                |
| X39=             |                |
| +130=            |                |
| TOTAL ADDIT. FEE |                |

|                  |                |
|------------------|----------------|
| RATE             | ADDITIONAL FEE |
| X\$18=           |                |
| X78=             |                |
| +260=            |                |
| TOTAL ADDIT. FEE |                |

|             |  |                                  |  |                                    |               |
|-------------|--|----------------------------------|--|------------------------------------|---------------|
| AMENDMENT C |  | CLAIMS REMAINING AFTER AMENDMENT |  | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total  | *                                |  | Minus                              | ** =          |
|             | Independent                                    | *                                |  | Minus                              | *** =         |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |  |                                    |               |

|                  |                |
|------------------|----------------|
| RATE             | ADDITIONAL FEE |
| X\$ 9=           |                |
| X39=             |                |
| +130=            |                |
| TOTAL ADDIT. FEE |                |

|                  |                |
|------------------|----------------|
| RATE             | ADDITIONAL FEE |
| X\$18=           |                |
| X78=             |                |
| +260=            |                |
| TOTAL ADDIT. FEE |                |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/303587

### Total Fee Calculation

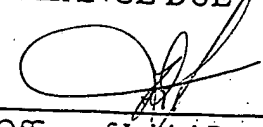
|                              | Fee Code       | Total<br># Claims | Number<br>Extra | X        | Fee        | Fee        | = | Total       |
|------------------------------|----------------|-------------------|-----------------|----------|------------|------------|---|-------------|
|                              | Sm./Lg.        |                   |                 |          | Sm. Entity | Lg. Entity |   |             |
| Basic Filing Fee             | <u>201/101</u> |                   |                 |          |            | <u>1</u>   | = | <u>1760</u> |
| Total Claims >20             | <u>203/103</u> | <u>17</u>         | -20 =           | <u>✓</u> | X          |            | = |             |
| Independent Claims >3        | <u>202/102</u> | <u>2</u>          | -3 =            | <u>✓</u> | X          |            | = |             |
| Mult. Dep Claim Present      | <u>204/104</u> |                   |                 |          |            |            | = |             |
| Surcharge                    | <u>205/105</u> |                   |                 |          |            |            | = | <u>130</u>  |
| English Translation          | <u>139</u>     |                   |                 |          |            |            | = |             |
| <u>TOTAL FEE CALCULATION</u> |                |                   |                 |          |            |            |   | <u>890</u>  |

Fees due upon filing the application:

Total Filing Fees Due = \$ 890

Less Filing Fees Submitted - \$ 0

BALANCE DUE = \$ 890

  
Office of Initial Patent Examination